

APPLICATION FORM

Rashtriya Ayurveda Vidyapeeth, Delhi
All the fields are mandatory (mark \surd as necessary)

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1. Post Applied for :
2. Name of the Applicant :
3. Gender : Male Female Others
4. Father's Name (as per 10th Standard Certificate):
5. Mother's Name:
6. Date of Birth (As per 10th Standard Certificate):.....(DD/MM/YYYY)
7. Age as on 27.07.2018:YearsMonthDay
8. Marital Status :
9. Category: SC ST OBC General
10. Whether PwD : Yes No
11. Educational/Professional Qualifications

Examination Passed	Name of Institute	Subjects	Year of passing	% of Marks

12. Other Qualifications:

.....
.....
.....

13. Experience, if any.

Name of Employer (Indicate Pvt./Autonomous/Govt.)	Designation	Pay scale/Salary drawn	Period	Nature of duties

14. Mobile no: _____ Email ID: _____
15. Fee Details: Mode of Payment:..... Date:.....
Transaction No: Amount:.....

16. Aadhaar Card No:

17. Present Address:

.....
.....
.....Pin Code.....

18. Permanent Address:

.....
.....
.....Pin Code.....

19. Typing Speed: English WPM Hindi WPM

Declaration

I hereby declare that all statements made in this application are true, complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found suppressed/false or incorrect or ineligibility being detected before or after the examination, my candidature/appointment is liable to be cancelled.

Date:-.....

Place:-.....

(Signature of the Applicant)